

TO THE HONORABLE JUDGE KATHERINE S. HAYDEN

IM WRITING THIS LETTER AT
THE MERCY OF THE COURT ASKING TO BE
DISCHARGED OFF SUPERVISE RELEASE. I
HAVE SPENT ALOT OF MY TIME, MONEY, AND
ENERGY ON TAKING CARE OF MY CHILD
SUPPORT CASE. FINALLY ON FEB 28 2017 THE
CASE WAS CLOSED.

I HAVE BEEN STRUGGLING
UP HERE IN NEW JERSEY MOVING FROM
PLACE TO PLACE. RIGHT NOW IM RENTING A
ROOM IN TRENTON NJ. ITS IN A NEIGHBOR
HOOD THAT I DONT WANT TO BE IN BUT
DONT HAVE A OPTION.

IM TRYING TO MOVE DOWN
NORTH CAROLINA WITH MY MOTHER AND
SISTER FOR SOME STABILITY. I HAVE A FEW
JOB OPTIONS DOWN THERE.

THANK YOU
RESPECTFULLY WRITTEN BY
ERIC MACK
Eric Mack
JUNE 4, 2017

MCGILL LIZA PLAINTIFF		MACK ERIC DEFENDANT		SUPERIOR COURT OF NEW JERSEY Chancery Division-Family Part CIVIL ACTION ORDER	
<input type="checkbox"/> Obligor <input checked="" type="checkbox"/> Obligee <input checked="" type="checkbox"/> Obligor <input type="checkbox"/> Obligee HEARING DATE 02/28/2017		VS WELFARE / U.I.F.S.A. # C005559018		COUNTY: UNION COUNTY DOCKET #: FD-18-000723-92 CS#: CS20612588E	
With appearance by: <input checked="" type="checkbox"/> PL <input type="checkbox"/> Atty for PL <input checked="" type="checkbox"/> DEF <input type="checkbox"/> Atty for DEF <input type="checkbox"/> IV-D Atty <input type="checkbox"/> County Probation Division					
This matter having been opened to the court by: <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant <input type="checkbox"/> County Welfare Agency <input type="checkbox"/> Probation Division <input type="checkbox"/> Family Division for an ORDER for: <input checked="" type="checkbox"/> Paternity <input type="checkbox"/> Support <input type="checkbox"/> Visitation <input type="checkbox"/> Custody <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification / Increase / Decrease <input type="checkbox"/> Termination / Continuation <input type="checkbox"/> Status Review					
1. State with Continuing Exclusive Jurisdiction: NEW JERSEY					
CHILD'S NAME 2A. [REDACTED]		BIRTH DATE [REDACTED]		CHILD'S NAME 2E. [REDACTED]	
2B. [REDACTED]				2F. [REDACTED]	
2C. [REDACTED]				2G. [REDACTED]	
2D. [REDACTED]				2H. [REDACTED]	
3. <input type="checkbox"/> PATERNITY of child(ren) (# above) _____ is hereby established and an ORDER of paternity is hereby entered. 4. <input type="checkbox"/> A Certificate of Parentage has been filed for child(ren) # _____ above. 5. <input type="checkbox"/> IT IS HEREBY ORDERED THAT: The obligor shall pay support to the New Jersey Family Support Payment Center in the amount of: _____ 					
Child Support		Spousal Support		Arrears Payment Total Frequency Date	
NOTE: Child support is subject to a biennial cost-of-living adjustment in accordance with R. 5:6B					
6. <input type="checkbox"/> Child Support Guidelines Order <input type="checkbox"/> Deviation reason: 6A. <input type="checkbox"/> Worksheet attached.					
7. <input type="checkbox"/> Support order shall be administered and enforced by the Probation Division in the county of Venue, UNION COUNTY.					
8. <input type="checkbox"/> ARREARS calculated at establishment hearing are based upon amounts and effective date noted above and total \$ _____					
9. <input checked="" type="checkbox"/> ARREARS indicated in the records of the Probation Division, are \$ 63,722.90 as of 02/28/2017					
10. <input type="checkbox"/> GROSS WEEKLY INCOMES of the parties, as defined by the Child Support Guidelines, upon which this ORDER is based. OBLIGOR \$ _____ OBLIGEE \$ _____					
11. <input type="checkbox"/> INCOME WITHHOLDING is hereby ORDERED on current and future income sources, including: Name of income source: _____ Address of income source: _____					
OBLIGOR SHALL, however, make payments AT ANY TIME that the full amount of support and arrears is not withheld.					
12. <input type="checkbox"/> Medical Support coverage as available at reasonable cost shall be provided for the <input type="checkbox"/> child(ren) <input type="checkbox"/> spouse, by <input type="checkbox"/> Obligor <input type="checkbox"/> Obligee <input type="checkbox"/> Both <input type="checkbox"/> The parties shall pay unreimbursable health care expenses of the child(ren) which exceed \$250.00 per child per year as follows. % Obligor % Obligee					
<p style="text-align: center;">Pursuant to R 5:6A the obligee shall be responsible for the first \$250.00 per child per year.</p> If coverage is available, Medical Insurance I.D. card(s) as proof of coverage for the child(ren)/spouse shall be provided immediately upon availability to the Probation Division by the: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor					
12A. <input type="checkbox"/> Insurance currently provided by a non-party: _____ 12B. <input type="checkbox"/> Health insurance benefits are to be paid directly to the health care provider by the insurer.					
13. <input type="checkbox"/> GENETIC TESTING to assist the court in determining paternity of the child(ren) (# _____) is hereby ORDERED. The county welfare agency or the foreign jurisdiction in the county of residence of the child shall bear the cost of said testing, without prejudice to final allocation of said costs. If defendant is later adjudicated the father of said child(ren), defendant shall reimburse the welfare agency for the costs of said tests, and pay child support retroactive to _____					
13A. <input type="checkbox"/> Issues of reimbursement reserved. 13B. <input type="checkbox"/> Issue of retroactive order reserved.					



DOCKET#	FD-18-000723-92	CS#	CS20612588E	HEARING DATE	02/28/2017	PAGE 2 OF 2	
14.	<input type="checkbox"/> This matter is hereby RELISTED for a hearing on _____ before _____. A copy of this ORDER shall serve as the summons for the hearings. No further notice for appearance shall be given. Failure to appear may result in a default order, bench warrant, or dismissal. Reason for relist:						
15.	<input type="checkbox"/> AN EMPLOYMENT SEARCH MUST BE CONDUCTED BY THE OBLIGOR. Written records of at least # _____ employment contacts per week must be presented to the Probation Division. If employed, proof of income and the full name and address of employer must be provided immediately to the Probation Division.						
16.	<input type="checkbox"/> SERVICE upon which this order is based: Personal Service <input type="checkbox"/> Certified Mail: Date: _____ <input type="checkbox"/> Signed by: _____					<input type="checkbox"/> Refused <input type="checkbox"/> Returned Unclaimed	<input type="checkbox"/> Diligent Inquiry <input type="checkbox"/> Regular Mail (not returned) <input type="checkbox"/> Other:
17.	<input type="checkbox"/> A BENCH WARRANT for the arrest of the obligor is hereby ORDERED. The obligor was properly served with notice for court appearance on _____, and failed to appear. (Service noted above). An amount of \$ _____ shall be required for release. <input type="checkbox"/> THE OBLIGOR IS HEREBY INCARCERATED in the _____ County Jail until the obligor pays \$ _____ or until further notice of this court. The obligor was found to be not indigent and had the ability to pay the support order for reasons indicated below.						
18.	<input type="checkbox"/> EFFECTIVE _____ FUTURE MISSED PAYMENT(S) numbering _____ or more may result in the issuance of a warrant, without further notice.						
19.	<input type="checkbox"/> A LUMP SUM PAYMENT OF \$ _____ must be made by the obligor by _____, or a bench warrant may be issued without further notice.						
20.	<input type="checkbox"/> This complaint / motion is hereby DISMISSED: (reason) _____						
21.	<input type="checkbox"/> Order of Support is hereby TERMINATED effective _____, as _____ date, if any, shall be paid at the rate and frequency noted on page number one of this ORDER.						
22.	<input type="checkbox"/> THIS ORDER IS ENTERED BY DEFAULT. The <input type="checkbox"/> obligor <input type="checkbox"/> obligee was properly served to appear for a hearing on and failed to appear. 22A. <input type="checkbox"/> Affidavit of Non-Military Service is filed.						
23.	<input checked="" type="checkbox"/> It is further ORDERED: <u>Vylisha Bell, co-plaintiff, mother and Eric Mack, defendant, father were present for the hearing. Liza McGill, maternal grandmother, was not present. By consent of the mother and father, it is agreed Mr. Mack is dis-established as the father of Trevor McGill, D.O.B. 01/27/1990. The birth certificate is to be amended to remove Mr. Mack as the father. All child support arrears are vacated effective today, 02/28/2017, including arrears owed to welfare.</u>						
EXCEPT AS PROVIDED HEREIN, ALL PRIOR ORDERS OF THE COURT REMAIN IN FULL FORCE AND EFFECT.							
I hereby declare that I understand all provisions of this ORDER recommended by a Hearing Officer and I waive my right to an immediate appeal to a Superior Court Judge:							
PLAINTIFF						DEFENDANT	
ATTORNEY FOR PLAINTIFF						ATTORNEY FOR DEFENDANT	
24.	<input type="checkbox"/> INTAKE CONFERENCE BY AUTHORIZED COURT STAFF: <input type="checkbox"/> PROBATION PREPARED CHILD SUPPORT ORDER						
25.	<input type="checkbox"/> The parties request the termination of all Title IV-D services and consent to direct payment of support. They are advised that all monitoring, collection, enforcement and location services available under Title IV-D of the Social Security Act are no longer in effect. I understand I may reapply for Title IV-D services.					<u>obligee</u>	<u>obligor</u>
26.	<input checked="" type="checkbox"/> Copies provided at hearing to <input checked="" type="checkbox"/> obligee <input checked="" type="checkbox"/> obligor 26A. <input type="checkbox"/> Copies to be mailed to <input type="checkbox"/> obligee <input type="checkbox"/> obligor						
TAKE NOTICE THAT THE ATTACHED NEW JERSEY UNIFORM SUPPORT NOTICES ARE INCORPORATED INTO THIS ORDER BY REFERENCE AND ARE BINDING ON ALL PARTIES.							
So Recommended to the Court by the Hearing Officer: Date _____ H.O. _____ Signature _____							
So Ordered by the Court: Date 02/28/2017 Judge HANY MAWLA J.S.C. 							
Signature _____							





NEW JERSEY UNIFORM SUPPORT NOTICES

TAKE NOTICE that the following provisions are to be considered part of this order and are binding on all parties:

SUPERIOR COURT OF NEW JERSEY

UNION VICINAGE PROBATION DIVISION

1143 East Jersey Street - Elizabeth, New Jersey 07201

(908) 659-3500

WALTER R. BARISONEK
Assignment Judge



BRUCE COLANDREA
Vicinage Assistant Chief Probation Officer

ELIZABETH DOMINGO
Trial Court Administrator

HERBERT K. FRANCIS, JR.
Vicinage Assistant Chief Probation Officer

FREDERICK R. BOSTEL
Vicinage Chief Probation Officer

RAYMOND U. REYNOLDS
Vicinage Assistant Chief Probation Officer

March 24, 2017

Mr. Eric Mack

CS#: 20612588E

[REDACTED]

Dear Mr. Mack,

As per your court order, your child support case was vacated effective 2/28/2017, therefore your case is now closed.

As stated previously, probation can not refund any money that has been paid to the custodial parent, Liza McGill. However, you can try to retrieve payments that were made by contacting the Special Civil division and filing a motion.

This is no longer a Probation matter and is now a Special Civil matter.

All further questions regarding your motion should be forwarded to Special Civil at (908) 659-3661.

Very Truly Yours,

Ayisha T. Mickens
Union County Senior Probation Officer
Child Support Enforcement

TOENTOW NJ 08909

HONORABLE JUDGE KATHLEEN S. HADLER
MARTIN LUTHER KING BUILDING & US COURTHOUSE
50 WALNUT STREET ROOM 4D15
NEWARK, NJ 07101

